

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. <i>10/16/69, 051</i> | FILING DATE | |
|---|-----|------------------------|-----|------------------------|-----|------------------------------------|--------------|----------|
| | | | | | | APPLICANT(S) | | |
| | | | | | | CLAIMS | | |
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | |
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | | 51 | |
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| 14 | | | | | | | 64 | |
| 15 | 1 | | 1 | | | | 65 | |
| 16 | 1 | | 1 | | | | 66 | |
| 17 | 2 | | | | | | 67 | |
| 18 | | | | | | | 68 | |
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| 49 | | | | | | | 99 | |
| 50 | | | | | | | 100 | |
| TOTAL IND. | 1 | | 1 | | | | TOTAL IND. | |
| TOTAL DEP. | 2 | → | 1 | → | | → | TOTAL DEP. | → |
| TOTAL CLAIMS | 3 | ████████ | 2 | ████████ | | ████████ | TOTAL CLAIMS | ████████ |